

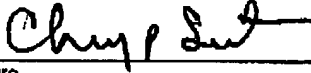
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JAN 06 2005

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/628,787 Confirmation No. 5209  
Applicants : Dimitrijevic  
Filed : July 28, 2003  
TC/A.U. : 1615  
Examiner : Ghali, Isis A. D.  
Attorney File No. : UNTF:1003  
Customer No. : 34,725

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

<p align="center"><b>Certificate of Facsimile Transmission 37 CFR 1.8</b></p> <p>I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on January 6, 2006 to the Fax Center at 571-273-8300.</p> <p align="center"></p> <p>Signature _____</p> <p>Chainey P. Singleton</p> <p>Typed or printed name of person signing certificate _____</p>
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## RESPONSE TO NOTICE REQUIRING EXCESS CLAIMS FEES

To the Commissioner of Patents and Trademarks:

In response to the Notice Requiring Excess Claims Fees dated December 7, 2005, enclosed please find a completed Credit Card Payment Authorization Form for \$300.00 to cover the fees due in the above-referenced international patent application.

Respectfully Submitted,

1/6/06  
Date

  
Chainey P. Singleton  
Attorney for Applicant  
USPTO Reg. No. 53,598

Daniel Chalker  
Chalker Flores, LLP  
12700 Park Central Drive  
Suite 455  
Dallas, TX 75251  
USA

01/09/2006 MBINAS 00000048 10628787

01 FC:2202  
02 FC:2201100.00 OP  
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**CHALKER FLORES, LLP**

INTELLECTUAL PROPERTY LAW

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**Fax**

DATE: January 6, 2006

<b>TO</b>	<b>Box / Fax No.</b>	<b>RE:</b>
US Patent and Trademark Office	571-273-8300	<b>Serial No.</b> 10/628,787 <b>Filing Date:</b> 7/28/2003 <b>Inventor:</b> Dimitrijevich
<b>FROM</b>	Chainey P. Singleton <a href="mailto:csingleton@chalkerflores.com">csingleton@chalkerflores.com</a>	
<b>DIRECT LINE</b>	214-866-0001	
<b>DIRECT FAX</b>	214-866-0010	
<b>CLIENT/MATTER NO.</b>	UNTF:1003	
<b>TOTAL PAGES (including cover)</b>	5	
<b>Customer No.</b>	34,725	

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Attached for filing please find:

- |    |   |         |
|----|---|---------|
| 1. | PTO Transmittal Form                            | - 1 pg. |
| 2. | Fee Transmittal Form                            | - 1 pg. |
| 3. | Form 2038                                       | - 1 pg. |
| 4. | Response to Notice Requiring Excess Claims Fees | - 1 pg. |

Thank you,

Chainey P. Singleton, Reg. No. 53,598

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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/828,787
		Filing Date	Jul 28, 2003
		First Named Inventor	Dimitrijevic, Dan
		Art Unit	1615
		Examiner Name	Ghall, Isis A.D.
Total Number of Pages In This Submission	5	Attorney Docket Number	UNTF:1003

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): PTO Fax Transmittal; PTO Form 2038; Response to Notice Requiring Excess Claims Fees
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Chalker Flores, LLP		
Signature			
Printed name	Chalney P. Singleton		
Date	January 6, 2006	Reg. No.	53,598

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Chalney P. Singleton	Date	January 6, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JAN 06 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2008, OMB 0631-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 300.00**Complete if Known**

Application Number	10/628,787
Filing Date	07/28/2003
First Named Inventor	Dimitrijevic, Dan
Examiner Name	Ghall, Isis A.D.
Art Unit	1615
Attorney Docket No.	UNTF:1003

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25

Each independent claim over 3 (including Reissues)

200

100

Multiple dependent claims

360

180

**Total Claims**

24 - 20 or HP = 4 x 25 = 100.00

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**

5 - 3 or HP = 2 x 100 = 200.00

HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**

Fee (\$)	Fee Paid (\$)
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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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24 - 100 = 14 / 50 = 0.28 (round up to a whole number) x 125 = 35.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)
---------------

Other (e.g., late filing surcharge): \_\_\_\_\_

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	53,598	Telephone	214-886-0001
Name (Print/Type)	Chalney P. Singleton	Date	01/08/2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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